## **POSITION DESCRIPTION**

Part I: POSITION INFORMATION															
Read each hea	U	,		0			and co	mplete. Be certa	ain the form is	s siç	gned. Send t	he orig	inal to Huma	n Resourc	es.
Unclassified		▼	Temporary	-	Full-T	ime	~	Existing	▼	100	0%	~	Other	%	
Position Numb	er:		Curre	nt Class Title	:					Fo	r Use by Hu	man	Resources		
K0218539				Administrative Specialist						Allocation: Administrative Specialist			st		
Employee Name:				Proposed Class Title: (reallocations or new positions only)						Effective Date: 9/4/2008					
Diana Lopez Salgado										FLSA Status: Nonexempt					
Direct	Name:	Linda Will	iams			Position N	lumber:	K0218536	;		Approved	By:	Patti Woodco	ock	
Supervisor	Title:	Public Ser	vice Exec	utive I							Pay Gra	ade:	19		
Location: 7	Topeka/Shav	vnee	<b>▼</b> Othe	er Location:				8:00ar	n - 5:00pm	▼	Other Hours:				
Division:	Division of H	ealth, Bureau	of Family H	lealth						•	Budget Prog	ram N	umber:	65130	
					Part II:	ORGA	NIZAT	IONAL INFOR	RMATION						
1. If this is a request to reallocate the position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.															
2. How much latitude is allowed incumbent in completing work?  Considerable								▼							
3. What kinds of instructions, methods and guidelines are given to the incumbent in this position to help do the work?  The employee is provided general verbal and written guidance to help complete work related to this position. New, complex or unusual work situations are explained with all work periodically checked for progress and conformance to established policies and requirements.															
4. Which statement best describes the results of error in action or decision of this incumbent?															

5. Describe the work of this position. Use the following format for describing the duties: What is the action being done (use action verb); to whom or what is the action directed (object of action); why is the action being done (describe the result or outcome expected); how is the action expected to be performed (describe the manner, methods, techniques or procedures in which the task is currently performed). Number Each Task, Indicate Percent of Time and Identify each function as Essential or Marginal by placing an "E" or "M" next to the % of time for each task. No duty shall exceed 50% nor be less than 5%. Essential functions are primary job duties for which the position was created and that an employee must be able to perform, with or without a reasonable accommodation. Marginal functions are peripheral, incidental or minimal parts of the position. Note: The description of how the work is to be performed does not preclude the consideration of reasonable accommodation(s) for qualified persons with a disability of Time Σ **Description of Duties** ō % 50% Provides technical and direct administrative support by interpreting, recommending revisions to, and insuring compliance with statutes, regulations, policies and procedures; serves as first contact person for questions and complaints from physicians, nurses and parents; investigates user complaints of a routine nature and takes corrective action; schedules, arranges and places conference calls; prepares or directs preparation of correspondence, agendas and materials for reproduction and distribution; maintains calendars, schedules and plans advisory committee and other meetings; assists program coordinator with development of training and procedural manuals. Assists with research, collection and analysis of program information; provides recommendations to program coordinator, maintains, updates and enters data in 2. 25% E program spreadsheets; maintains birth defects registry; creates word processing templates and form letters, macros, functions, tables, queries and reports; implements modifications and runs systems tests; maintains web page in conjunction with program coordinator, Section Director and BFH Director. 3. 15% E Oversees the maintenance of an adequate level of office supplies, equipment and property; completes purchase orders, vouchers, bills and related forms; oversees the establishment and maintenance of records and files; gathers data for preparation of the program budget, grant reports and other statistical and financial reports. M Participates in interviewing and selecting Administrative Assistant. Assists Program Coordinator with the daily supervision and performance review of 5% Administrative Assistant 5

M Perform other duties as assigned including serving as a member of the KDHE Disaster Response Team as needed to assure the agency's public and

environmental health response is adequately staffed during and immediately following natural and/or manmade disasters, infectious disease outbreaks, and/or

acts of terrorism.

5%

6. Click on the button if this position	n directly supervises agency em	O Supervisor	Supervisor Non-Supervisor						
7. List the class titles and position									
Class Title	Positi	on # Class Tit	le	Position #					
				-					
				-					
8. For what purpose, with whom an	d how frequently are contacts m	ade with the public, officials or o	other employees?						
<u> </u>			Other Purp	ose:					
Local Government Officials	Frequency:	▼ Purpose:	<b>T</b>						
State Government Officials	Frequency:	▼ Purpose:	<u> </u>						
Federal Government Officials	Frequency:	▼ Purpose:	<u> </u>						
Community Contacts	Daily	carry out duties	▼						
Private Consultants	Frequency:	▼ Purpose:	<u> </u>						
Owners	Frequency:	▼ Purpose:	<u> </u>						
Operators	Frequency:	▼ Purpose:	<u> </u>						
Legislature	Occasionally	provide program inform	mation 🔻						
✓ KDHE Program Staff	Daily	carry out duties	<u> </u>						
Other physicians, hospitals, p	arents Frequently	provide program inform							
Other	Frequency:	Purpose:	<u> </u>						
Other	Frequency:	Purpose:	▼						
9. What hazards, risks or discomfo									
Normal Office Environment	Normal of	fice environment plus minimal in	-state travel with related risk	s or discomforts.					
Other (please explain)									
10. Describe any methods, techniq	ues or procedures that must be	used to ensure safety for equipn	nent, employees, clients and	others.					
(Check all that apply.)			, , , , , , , , , , , , , , , , , , , ,						
· · · · · · · · · · · · · · · · · · ·	safety protocol is used at sites	to ensure the safety of all on-site	e personnel and the general	public.					
	ignitable, and/or reactive mater	ials during fieldwork including ha	azardous or solid waste site	visits, sampling activities, and related work may					
occur.  Pursuant to 29 CFR, Part 19	10.120, employee will be require	ed to successfully complete the	10-hour Hazardous Waste Si	ite Operations training and the annual eight-hour					
update training.		, ,		·					
Personal protective equipme The use of electrical audiovis									
<ul> <li>I he use of electrical audiovis</li> <li>electrical shock or trip/fall inj</li> </ul>		wledge and safety measures wi	nile using and securing equip	oment cords to prevent self and others from					
Normal driving and road haz	ards may occur while traveling k	ansas roads.							
	es is necessary when lifting and	moving material, equipment, et	c.						
Requires the use of computer, copier, calculator, fax, and other electrical office machines.									
	follow office safety practices to	ensure safety for self and others	in the office.						
Other:	is position could be reasonably	enticinated to cause exposure to	blood blood products and/o	or other potentially infectious materials.					
	No	armorpated to cause exposure to	blood, blood products and/c	n other potentially infectious materials.					
12. Check all machines regularly u	sed in the work of this position a	nd indicate frequency with which	n they are used.						
Equipment:	Frequency Used:			ther:					
Computer	Daily ▼		quency:						
Telephone	Daily ▼		quency:						
Copier	Daily <b>▼</b>		quency: ▼						
Fax machine	Frequently	Other (describe) Fre	quency: ▼						
Scanner	Frequently								
Scientific equipment	Frequency:								
Sampling equipment	Frequency:								
✓ Vehicle	Occasionally								

Part III: EDUCATION, EXPERIENCE AND SAFETY INFORMATION											
13. Minimum Requirements (MR) as st	ated in the State of Kansas Class Spe	ecification. No	ote: Do not include subst	itution statement in	ndicated on class specifi	ication.					
However, if substitution is desired, specifically describe substitution.											
Two years of experience in general office	ce, clerical and administrative support	work.									
14. Special Requirements: Additional certification).	qualifications for this position that are	necessary to p	perform the Essential Functi	ons of the position (i	i.e. license, registration or	r					
,											
License's Required  Valid Driver's License - Incumbent is required to have and maintain a valid driver's license when operating a state vehicle, a private vehicle, or a rental vehicle for the benefit of the State.  Professional Environmental Engineer - Incumbent is required to maintain a professional environmental engineer license while in the position.  Professional Geologist - Incumbent is required to maintain a professional geology license while in this position.											
Other License											
15. Preferred education, experience or skills. (These items will be used to screen applicants when recruiting to fill the position.)											
Preferred Education		Pr	eferred Skills								
✓ High School/GED	Degree Area		Computer Skills	Word, Excel, PowerPoint, Access							
Bachelors Degree			Grammar	Proofreading, editing, attention to detail							
Masters Degree			Other	Oral and written skil	skills						
☐ Ph.D.			Other	Extract/analyze/tran	nsmit complex technical in	nformation					
☐ M.D			Other	s verbal and written instructions							
Other			Other	Arithmetic calculation	ons (i.e. standard and per	centages)					
Other			Other			-					
Other			Other								
Other			Other								
Preferred Experience:											
		Dort IV. SICAN	ATUDES								
Part IV: SIGNATURES											
					9/4/2008						
Signature of Employee	Date		Signature of Human Resou	rces Official	Date						
		Approved:									
Linda Williams	5/14/2008				9/4/2008						
Signature of Supervisor	Date		Signature of Agency Head or Appointing Authority		Date						